

## Indiana Palliative Care and Quality of Life Advisory Council Meeting Minutes

<b>Indiana Palliative Care and Quality of Life Advisory Council</b>			
<b>Meeting Date</b>	Friday, March 17, 2017		
<b>Meeting Time</b>	3:00 to 4:30 p.m.		
<b>Meeting Location</b>	Little Red Door Cancer Agency, 1801 N. Meridian St., Indianapolis, IN 46202, Large Board Room		
<b>Recorder</b>	Grace Miller		
<b>Attendees</b>	Susan Hickman, Mika Hill, Derek Imars, Steve Ivy, Karen Moody, Lynn Robin, Stacy Sharp, Gerald Walthall, Keylee Wright, Grace Miller, Liz Carroll, Rosa Mercadal Nuria, and Emily Jones.		
<b>Other</b>	Chris Brinneman, Katie Hokanson, and Kelly MacKinnon participated over the phone.		
<b>Topics</b>	<b>Discussion</b>	<b>Action or Follow-up</b>	<b>Responsible Person</b>
<b>Welcome and Introductions</b>	Susan Hickman, PhD, Council Chair, provided welcoming remarks. Meeting participants introduced themselves.		
<b>Approve Meeting Minutes</b>	Meeting minutes from the January 19, 2017 meeting were reviewed. Gerald Walthall made the motion to approve the minutes, Steve Ivy seconded the motion, and the minutes were approved by Council members.		
<b>Electronic Communications Participation Policy</b>	Kelly MacKinnon, JD, Transaction Chief at the Indiana State Department of Health (ISDH), reviewed a draft electronic communications policy drafted for the ISDH Board of Directors that can also serve as a framework for the Council's policy. The group was pleased with the policy, and the group confirmed it is wise to have a broad and generous policy for electronic attendance/participation because as a statewide council, it can be difficult to attend in person at times. The group can add that certain situation should be covered under exceptions, such as emergencies. Kelly stated we must have at least four council members physically present during each meeting in order for the meeting to count, but two persons could participate to meet the quorum. At the next meeting, we will have comments/suggestions in order to vote and approve on the policy.		E-mail the draft policy to solicit feedback, changes, etc.
<b>Action Planning Session</b>	Susan Hickman facilitated the action planning session. She reviewed that the group identified three priority areas to take a closer look at and do some sort of assessment with. They are: <b>Access to palliative care services</b>		Emily Jones, ISDH, Cancer Survivorship Director

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	<p>Emily Jones reviewed data collection measures from Texas, Florida, and Rhode Island and reminded the council they have the option to determine what data they want to collect and how such data will be collected and used. Some states examined how many providers hold a palliative care certification? How many hospitals in the said state have palliative care services – what do those look like? Where can we access data? Stacy Sharp, MBA, Community Health Network, mentioned the Palliative Care Registry as a potential data source. It is voluntary, but many hospitals/programs participate. Susan Hickman discussed folks from Center to Advance Palliative Care (CAPC) reached out to Keylee Wright, MA, ISDH, and Emily Jones. Folks from CAPC are interested in what our council is working on. They have data and information that they would be willing to share; specifically they would like us to share a recent blog post to the group. Barriers to care are important as well and need to assess. There are different levels which need to be examined when it comes to access to palliative care services, and although we might not be able to act on it, we can describe it in a meaningful way. Lynn Robbin, MSN, RN, Franciscan Health, and Stacy Sharp have access to CAPC and will look into what kind of information we can use. It was also noted to see what standards are from the Joint Commission and to ensure we are in line with those standards. Derek Imars, PharmD, St. Vincent Anderson, mentioned a lot of information outside the palliative care registry is also accessible. Things to keep in mind: communicate to hospitals there is a financial advantage to have inpatient palliative care programs. The Optimistic Project that Susan Hickman works on is working to reduce hospitalizations from nursing homes. There is an opportunity to look at work-force issues – need to get numbers to know where we are. Some places throughout the state have difficulty with good hospice coverage, like Gary, IN. Rural areas also struggle. Challenges could be related to nursing availability. In everything we look at, we will include a subset of pediatrics. Access through oncology programs is becoming more popular. It was asked if the Indiana Cancer Consortium tracks this and they do not. Perhaps the Indiana Hospital Association does.</p> <p><b>Opioids</b></p> <p>We need to be thinking of what do we want to know? There are many challenges to controlling opioids but also ensuring patients who need them have timely access. A large issue is improper waste of opioids. After a patient passes away, their opioids become property of the family, and families don't always turn over the medication. There is opportunity to empower caregivers to ask for the medicine for proper disposal. Other challenges include changing laws which can lead to providers getting rejection letters when prescribing certain kinds of drugs to patients who really need them. No one knows Medicaid's "algorithm". Opioid drug manufacturing will decrease 25 percent in the near future. Generics of drugs will be going away. Pharmacies have</p>	<p style="text-align: center;">Meet between meetings to review CAPC data.</p>	<p style="text-align: center;">Lynn, Stacy, and Susan</p>
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